VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument State of Alaska JUN 3 0 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervi	isor/Operator Performing the Verification Procedure: DataMaster cdm S/N130142		
Supervi			
	Name Scott E. Gardner ID# 6222 Date 24 Jun 09		
A Agency <u>Directorate of Emergency Services</u> Phone # 384-3888			
	Instrument Location Bldg #656, A St, Ft Richardson, AK 99505		
В	Alco S/N _78820 Target Value079 High Pressure700 psi		
D	Alco Test Values $\frac{.083}{1^{st}}$ $\frac{.082}{Alco}$ 2^{nd} Alco		
	Signature Signature		
	(OVER)		

(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

(1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.

(2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.

(3) I am the Scientific Director of the State Breath Alcohol Program.

(4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.

(5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

lita I Bolz

Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this Julday of _201, 2009.

Notary Seal Stamp)

Carolyn M. Noland

Notary Public, State of Alaska Commission Expires with Office

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program					
	D:	ataMaster cdm S/N	130142		
	(CONTINUED FROM FRONT PAGE)				
C TAPE THE T	TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.				
NONDRINKING S	SUBJECT TEST	DIAGNOST	TIC CHECK		
ALASKA DEPARTMENT OF PU DATAMASTER cdm 130142 U TIME 24, 2009		PLASKA DEPARTMENT OF DATAMASTER cdm 13014 JUNE 24, 2009 FINE 10:35 DIAGNOSTI	2 C CHECK Okay		
GPERATOR'S MAME: SAROMER/SCOTT/E GPERATOR'S MIMBER: 6222 BUBJECT'S LAST MAME: H/A SUBJECT'S FIRST MAME/MI N/A O.L. #: N/A DOED!/GRENITY: FRMA		PROSERM: SOFTWARE DATE: HEATERS SAMPLE CHAMBER: BREATH TUBE:	0K9Y 93/29/99 49c 44c		

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	03/29/00
Yeaters Sample Chamber: Breath Tube:	49c 44c
SARCHETER:	29.75 in
FLOW DETECTOR:	OKAY
PUMP HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKRY
PRINTER 『世歌記』() () () () () () () () () () (67891:(=)7 00000FFG
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